_							_	7	Andiestic		handent Mare	-bos
	DATENT	APPLICATIO	M EEE N	STERM	HNATI	ON RECO	RC	,	Applicant	177	ocket Nun	2.
	PAIENI		tive Octob						133	Q.E	= 0.04	20-
		CLAIMS A	S FILED (Column			amn 2)		SMALL TYPE	ENTITY	OR		THAN
T	OTAL CLAIMS			17				RATE FEE		7	RATE	FEE
F	OR		NUMBER-FILED		NUMBER EXTRA			BASICF	EE 385.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	12 minus 20=		. 0			X\$ 9=		OR	X\$18=	•
IN	DEPENDENT C	LAIMS	a minus 3 =		0			X43=	1	1	X86=	
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT		0					-IOA		
• 1	If the difference in column 1 is less than zero, enter "0" in column 2							+145=		JOR	+290=	
•		/						TOTAL	· [287	JOR	OTHER	
	8/12/	(Column 1)		(Colum		(Column 3)		SMAL	L ENTITY	OR	SMALL	
AMENDMENTA		CLAIMS REMAINING		HIGH	BER	PRESENT		DATE	ADDI-	1	RATE	ADDI- TIONAL
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		•			•	• •	L	YOYA		OR	TOTAL	
	7-21-0	(Column 1)		(Colum	m 21	(Column 3)	•	LOOPE FEI	E	1 0	ADDIT, FEE	
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۲ 	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	7	 \ 	OR		
• 1	i the critiv in cohe	nn 1 is less than th	ontry in echa	mn 2. write '	بہت جا ع	umn 3.	1	145=:		OR	+290=	
•	The Highest No.	Taber Previously Pa	d for IN THIS	S SPACE b	less than	20, enter "20."	A	DOT, FEE		OR	TOTAL ADDIT, FEE	
		ber Proviously Paid					lour	nd in the a	ppropriete bo	a in col	umn 1.	
	PTO-875 (Res. 10	· · · · · · · · · · · · · · · · · · ·		•	_			u and York	omin Office I	A DEP	ARTMENT OF	CONVERCE

FORM PTO-875 (Red 10/03)